

**A RESOLUTION  
AS SUBSTITUTED BY FINANCE/EXECUTIVE COMMITTEE**

**09-R-1057**

**A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO ISSUE A REFUND TO THE MULTIPLE SCLEROSIS CENTER OF GEORGIA, INC. IN AN AMOUNT NOT TO EXCEED FIFTY SIX THOUSAND SIX HUNDRED NINETY THREE DOLLARS AND NINETY FOUR CENTS (\$56,693.94) FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES; ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001 (General Fund) 200301 (NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 154000 (Function Activity Human Resources); AND FOR OTHER PURPOSES.**

**WHEREAS**, the Multiple Sclerosis Center of Georgia, Inc. has requested a refund in the amount of FIFTY SIX THOUSAND SIX HUNDRED NINETY THREE DOLLARS AND NINETY FOUR CENTS (\$56,693.94) for an overpayment of business license fees for tax reporting periods of 2006, 2007 and 2008 due to continued remittance of business fees to the City of Atlanta after receiving 501 c (3) tax exemption status from the Internal Revenue Service; and

**WHEREAS**, the Multiple Sclerosis Center of Georgia, Inc. has submitted supporting documents to the Office of Revenue to substantiate its claim; and

**WHEREAS**, the Office of Revenue investigated the claim and has determined that the Multiple Sclerosis Center of Georgia, Inc. is entitled to a refund in an amount not to exceed FIFTY SIX THOUSAND SIX HUNDRED NINETY THREE DOLLARS AND NINETY FOUR CENTS (\$56,693.94).

**THE CITY COUNCIL OF THE CITY OF ATLANTA, GEORGIA, HEREBY RESOLVES**, that the Chief Financial Officer is hereby directed to issue a refund to the Multiple Sclerosis Center of Georgia, Inc. in an amount not to exceed FIFTY SIX THOUSAND SIX HUNDRED NINETY THREE DOLLARS AND NINETY FOUR CENTS (\$56,693.94) for overpayment of business license fees to the City of Atlanta for tax reporting periods of 2006, 2007 and 2008.

**BE IT FURTHER RESOLVED**, that said refund shall be charged to and paid from FDOA 1001 (General Fund) 200301 (NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 154000 (Function Activity Human Resources).

**A RESOLUTION BY  
FINANCE/EXECUTIVE COMMITTEE**

**A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO ISSUE A REFUND TO THE MULTIPLE SCLEROSIS CENTER OF GEORGIA, INC. IN AN AMOUNT NOT TO EXCEED SIXTY ONE THOUSAND EIGHT HUNDRED THIRTY FIVE DOLLARS AND TWO CENTS (\$61,835.02) FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES; ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001(General Fund) 200301 (NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 154000 (Function Activity Human Resources); AND FOR OTHER PURPOSES.**

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**BE IT FURTHER RESOLVED**, that said refund shall be charged to and paid from FDOA 1001(General Fund) 200301 (NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 154000 (Function Activity Human Resources).

**Part II: Legislative White Paper:** (This portion of the Legislative Request Form will be shared with City Council members and staff)

**A. To be completed by Legislative Counsel:**

**Committee of Purview:**

**Caption:**

**Council Meeting Date:**

**Requesting Dept.:**

**B. To be completed by the department :**

**1. Please provide a summary of the purpose of this legislation (Justification Statement).**

***Example: The purpose of this legislation is to anticipate funds from a local assistance grant to purchase child safety seats.***

The purpose of this legislation is to refund overpayment payment of Business License Fees .

**2. Please provide background information regarding this legislation.**

***Example: The task force of homelessness conducted a study regarding homelessness, its impact and consequences on the City. This resolution reflects the Mayor's desire to open a twenty-four hour center that will respond to the needs of the homelessness in Atlanta.***

The Multiple Sclerosis Center of Georgia, Inc , located at 3200 Downwood Circle NW-Suite 550, Atlanta, GA. 30327, continued to remit their business license fees to the City of Atlanta after filing and receiving section 501 (c)(3) tax exemption from the Internal Revenue Services pursuant to O.C.G.A. 48-13-13 in 2003, resulting in an overpayment of taxes in the amount of \$ 61,835.02 for the statue of limation tax reporting periods of 2005, 2006, 2007 and 2008.

**3. If Applicable/Known:**

(a) **Contract Type (e.g. Professional Services, Construction Agreement, etc):**

(b) **Source Selection:**

(c) **Bids/Proposals Due:**

(d) **Invitations Issued:**

- (e) Number of Bids:
- (f) Proposals Received:
- (g) Bidders/Proponents:
- (h) Term of Contract:

**4. Fund Account Center:**

**5. Source of Funds: *Example: Local Assistance Grant***

**6. Fiscal Impact:** The legislation will result in a reduction in the amount of \$ 61,835.02 to the 1001 (General fund), 200301 (NDP Unallocated-Citywide Employee Expenses) 5730012 (Account Refunds) 154000 (Function Activity Human Resources).

***Example: This legislation will result in a reduction in the amount of \_\_\_\_\_ to Fund Account Center Number \_\_\_\_\_.***

**7. Method of Cost Recovery: N/A**

***Examples:***

- a. Revenues generated from the permits required under this legislation will be used to fund the personnel needed to carry out the permitting process.***
- b. Money obtained from a local assistance grant will be used to cover the costs of this Summer Food Program.***

**This Legislative Request Form Was Prepared By:** Jerome Bodiford, Finance Department x6431,  
submitted by LaShawn Gardiner, x6449

City of Atlanta  
Office of Revenue  
Business Tax Division

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**REFUND REQUEST APPROVAL**

Date April 23, 2009


Account # 088160 LGB

Business Name Multiple Sclerosis Center of Georgia Inc.

Requested Refund Amount \$ 61,835.02

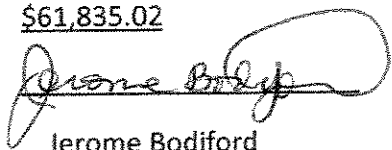
Mailing Address 3200 Downwood Circle NW-Suite 550  
Atlanta, GA 303027

SSN/FEIN 55-0821471

Confirmed By Jerome Bodiford  (Initials)

Date April 23 2009

Reason for Request Business Finalized

\$61,835.02  
Approved By   
Jerome Bodiford

  
Gary Donaldson

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**To Be Completed by Processor**

Office of Revenue Representative \_\_\_\_\_ Date \_\_\_\_\_

Disbursement Number \_\_\_\_\_ Date \_\_\_\_\_

Completed, Copied & Filed \_\_\_\_\_

*Copies Available Upon Request Only*

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rh  
9-26-08

City of Atlanta  
Office of Revenue  
Business Tax Division

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**REQUEST FOR REFUND**

Date April 23, 2009

Account # 088160 LGB

To: Jerome Bodiford, Business Tax Manager (Approval Initials \_\_\_\_\_)

From: Rosa Hutchins

Business Name Multi Sclerosis Center of Georgia, Inc.

Business Location 3200 Downwood Circle NW-Suite 550  
Atlanta, Georgia 30327

Mailing Address 3200 Downwood Circle NW – Suite 550  
Atlanta, GA 30327

Telephone Number 770-805-2000

Contact Person Kelly Bollinger, CPA

Reason for Request The Multiple Sclerosis Center of Georgia, Inc., located at 3200 Downwood Circle NW-Suite 550, Atlanta, Georgia 30327, continued to remit license tax payments to the City of Atlanta after filing for and being granted 501(c)(3) Federal Tax exempt status.

Multiple Sclerosis Center of Georgia, Inc.

Refund Amount \$61,835.02

Federal Tax ID# 55-0821471

Make Disbursement Payable to Multiple Sclerosis Center OF Georgia, Inc.  
3200 Downwood Circle NW – Suite 550

Atlanta, GA 30327

Submitted by: \_\_\_\_\_

Date

4/23/2009

Approved by: \_\_\_\_\_

Date

9/23/09



Carr, Riggs & Ingram, LLC  
Certified Public Accountants  
4360 Chamblee Dunwoody Road, Suite 420  
Atlanta, Georgia 30341  
Telephone 770.457.6606 • Fax 770.451.2873  
www.cricpa.com

December 1, 2008

Mr. Jerome Bodiford  
Manager  
City of Atlanta Business Tax Division  
55 Trinity Avenue, Ste 1350  
Atlanta, GA 30303

RE: The Multiple Sclerosis Center of Georgia, Inc.  
Business License Tax Refund – Nonprofit Status

Dear Mr. Bodiford:

On behalf of the above-referenced taxpayer, I am writing to request a refund of previously paid business and professional license taxes in the amount of \$62,536.41. These taxes were paid by The Multiple Sclerosis Center of Georgia, Inc. despite the fact that it qualifies as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code and is therefore exempt from the taxes pursuant to O.C.G.A. § 48-13-13.

When the organization applied for its original license with the City of Atlanta in 2001, it either was a general business or failed to notify the city of its nonprofit status. In 2003, the organization became a 501(c)(3) public charity as evidenced by the enclosed final determination letter from the IRS. However, despite the IRS ruling, the organization has simply renewed its license each year and continued to pay the assessed license taxes.

Therefore, the organization respectfully requests a refund of these past, erroneously-paid taxes. Please find enclosed copies of the checks used to pay the organization's business and professional license taxes as well as copies of the related license tax bills. Please see to it that the amounts shown on the checks are refunded to the organization as soon as possible and modify your records to show that the organization is a qualifying nonprofit organization exempt from business and professional license taxes. If a new license application is in order, please send one to the organization along with instructions on how to indicate its nonprofit status to the city correctly.

The enclosed information as well as the above explanation should allow this refund request to be granted, and I thank you in advance for your assistance with this matter. If you have any questions, please feel free to contact the undersigned.

Very truly yours,

  
Kelly Bollinger, CPA

KB/bip

Enclosures

cc: Ms. Billie Bishop  
Dr. William Stuart

CITY OF ATLANTA  
DEPARTMENT OF FINANCE  
OFFICE OF REVENUE  
BUSINESS TAX CALCULATOR

**MUSCULAR SCLEROSIS CENTER**

YEAR	2005	2006	2007	2008
TAX CLASS	5	5	5	5
TAX RATE	1.40	1.40	1.40	1.40
FLAT RATE	50.00	50.00	50.00	50.00
REGISTRATION FEE	75.00	75.00	75.00	75.00
EMPLOYEE RATE	15.00	15.00	15.00	15.00
STANDARD DEDUCTION	10,000.00	10,000.00	10,000.00	10,000.00
FTF PRE-2005 10%/ 2005-PRESENT \$500	-	-	-	-
FTP (10%)	0.10	0.10	0.10	0.10
INTEREST RATE (1% or 0.01)	0.01	0.01	0.01	0.01
DELINQUENT CHARGE (1.50-3.00)	1.50	1.50	1.50	1.50
EMPLOYEE CREDIT	1	1	1	1
Actual Revenue	4,231,205.00	5,201,412.00	13,878,459.00	13,878,459.00
Flat Rate Credit \$50=10,000	10,000.00	10,000.00	10,000.00	10,000.00
Number of Employee	37	56	42	42
Adjusted No. of Employee (\$15=1)	36	55	41	41
Tax	6,574.69	8,217.98	20,155.84	20,155.84
Registration Fee Credit (\$75 If Paid)	-	-	-	-
Bill Adjustment (+/-)	(404.93)	-	-	-
PY Unpaid Balance	-	-	-	-
PY Payment Credit	-	-	-	-
Adjusted Tax Due	6,169.76	8,217.98	20,155.84	20,155.84
Failure To File Penalty-\$500 Pre-'05 10%	-	-	-	-
Failure To Pay Penalty (10%)	330.10	164.33	2,015.59	2,015.59
Current Date/Payment Date				
Bill due Date				
Number of Month Late	-	-	-	-
Interest (1% per month)	33.76	32.86	403.12	403.12
FIFA	1.50	1.50	3.00	3.00
Payment Credit-Received After Due Date	-	-	-	-
Total Amount Due	6,535.12	8,416.67	22,577.55	22,577.55
Payments	5,141.08	9698.38	11047.6	35947.96

**Grand Total REMITTED \$ 61,835.02**

**Total TO BE REFUNDED \$ 61,835.02**

**NOTE: \$75.00 COVERS 1 EMPLOYEE AND THE FIRST \$10,000.00  
\$50.00 PLUS (RATE VARIOUS EXAMPLE \$1.10 PER 1000)  
\$15.00 PER EMPLOYEE  
FAILURE TO PAY CHARGE \$500.00 PENALTY  
FIFA CHARGE \$1.50  
INTEREST CHARGE ON UNPAID BALANCE 1% PER MONTH (12% ANNUALLY)**



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAR 26 2007

MULTIPLE SCLEROSIS CENTER OF  
GEORGIA INC  
3200 DOWNWOOD CIR NW STE 550  
ATLANTA, GA 30327-1624

Employer Identification Number:

55-0821471

DLN:

17053062737007

Contact Person:

CARLY D YOUNG

ID# 31494

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

509(a)(2)

Dear Applicant:

Our letter dated September 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

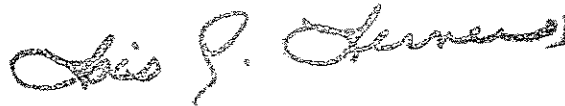
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

BLA272

BUSINESS LICENSE INFORMATION SYSTEM  
GENERAL BUSINESS LICENSE FEE SUMMARY INQUIRYDATE: 04/23/09  
TIME: 11:53:15

8160 MSC OF GEORGIA

ST: F C

SD: 2001-02-23

COUNT BALANCE:	-	\$22,451.04		
REPORTING PERIOD:	2005-01-01		2006-01-01	2007-01-01
FILING DATE:	2006-01-01		2007-02-15	2008-01-12
DOLLAR VOLUME:	\$4,231,205.00		\$5,201,412.00	\$13,878,459.00
ALL-TIME EMPLS.:	37		56	42
SIC CODE-CLASS:	7389 5		7389 5	7389 5
ANNUAL ADMN:	\$75.00		\$75.00	\$75.00
TOTAL LIC FEES:	6,499.69		8,142.97	20,080.84
ADJUSTMENTS:	-\$404.93		\$0.00	\$0.00
FAIL-TO-PAY:	\$330.10		\$164.33	\$2,015.59
FAIL-TO-FILE:	\$0.00		\$0.00	\$0.00
DELINQUENT CHG:	\$1.50		\$1.50	\$3.00
INTEREST:	\$33.76		\$32.86	\$403.12
OMN FINES - NSF:	\$0.00		\$0.00	\$0.00
TOTALS:	\$6,535.12		\$8,416.66	\$22,577.55
PAYMENTS:	-\$5,141.08		-\$9,698.38	-\$11,047.60

RECORD SUCCESSFULLY SELECTED - YOU MAY TRANSFER OR BROWSE

1=HELP

2=

3=PREV SCRIN

4=

5=

6=

7=

8=REFUND

9=ADJ INQUIRY

10=LEFT

11=RIGHT

12=PREV MENU

LA272

BUSINESS LICENSE INFORMATION SYSTEM  
GENERAL BUSINESS LICENSE FEE SUMMARY INQUIRYDATE: 04/23/09  
TIME: 11:53:36

8160 MSC OF GEORGIA

ST: F C

SD: 2001-02-23

COUNT BALANCE: -\$22,451.04  
PORTING PERIOD: 2008-01-01  
FILING DATE: 2008-01-12  
DOLLAR VOLUME: \$0.00  
LL-TIME EMPLS.: 1  
SIC CODE-CLASS: 7389 5  
ANNUAL ADMN: \$75.00  
TOTAL LIC FEES: 50.00  
ADJUSTMENTS: \$0.00  
FAIL-TO-PAY: \$0.00  
FAIL-TO-FILE: \$0.00  
DELINQUENT CHG: \$0.00  
INTEREST: \$0.00  
MN FINES - NSF: \$0.00  
TOTALS: \$125.00  
PAYMENTS: -\$35,947.96

ND OF FILE

=HELP

2=

3=PREV SCRIN

4=

5=

6=

=

8=REFUND

9=ADJ INQUIRY

10=LEFT

11=RIGHT

12=PREV MENU



The Multiple Sclerosis Ctr of GA 09101  
 a Center for MS Research and Patient Care  
 3200 Downwood Circle, Suite 550  
 Atlanta, GA 30327  
 (404) 351-0205

BANK OF NORTH GEORGIA  
 ALPHARETTA, GA 30004  
 64-7029/2611

5764

5/19/2008

Pay to the  
 Order of

City of Atlanta

\$ \*\*35,947.96

Thirty-Five Thousand Nine Hundred Forty-Seven and 96/100\*\*\*\*\*

Dollars

City of Atlanta  
 City Hall South  
 55 Trinity Ave. SW  
 Atlanta, GA 30335

COPY NOT NEGOTIABLE

088160LGB

⑈005764⑈ ⑆261170290⑆ 100049014⑈

The Multiple Sclerosis Center of Georgia

5764

City of Atlanta

5/19/2008

Date	Type	Reference
5/19/2008	Bill	2007

Original Amt.	35,947.96
---------------	-----------

Balance Due	35,947.96
-------------	-----------

Discount
Check Amount

Payment	35,947.96
35,947.96	

Operating - Bank of N 088160LGB

35,947.96

The Multiple Sclerosis Center of Georgia

City of Atlanta

5/19/2008

5764

Date	Type	Reference
5/19/2008	Bill	2007

Original Amt.	35,947.96
---------------	-----------

Balance Due	35,947.96
-------------	-----------

Discount
Check Amount

Payment	35,947.96
35,947.96	

Operating - Bank of N 088160LGB

35,947.96



The Multiple Sclerosis Ctr of GA 09/03  
n Center for MS Research and Patient Care  
3200 Downwood Circle, Suite 550  
Atlanta, GA 30327  
(404) 351-0205

RBC CENTURA BANK  
HIGH POINT, NC 27260  
88-88/531

4179

1/25/2005

Pay to the  
Order of

City of Atlanta

\$ \*\*5,141.08

Five Thousand One Hundred Forty-One and 08/100\*\*\*\*\*

Dollars

City of Atlanta  
City Hall South  
55 Trinity Ave. SW  
Atlanta, GA 30335

COPY NOT NECESSARY

memo x000692001

⑈004179⑈ ⑆053100850⑆6010024118⑈

The Multiple Sclerosis Center of Georgia

City of Atlanta

884 - Licenses and Permits

2005 Business License

1/25/2005

4179

5,141.08

RBC Operating

x000692001

5,141.08

The Multiple Sclerosis Center of Georgia

City of Atlanta

884 - Licenses and Permits

2005 Business License

1/25/2005

4179

5,141.08

RBC Operating

x000692001

5,141.08



The Multiple Sclerosis Ctr of GA 08/03  
a Center for MS Research and Patient Care  
3200 Downwood Circle, Suite 550  
Atlanta, GA 30327  
(404) 351-0205

BANK OF NORTH GEORGIA  
ALPHARETTA, GA 30004  
64-7028/2011

1469

1/26/2006

Pay to the  
Order of

City of Atlanta

\$ \*\*9,698.38

Nine Thousand Six Hundred Ninety-Eight and 38/100\*\*\*\*\*

Dollars

City of Atlanta  
City Hall South  
55 Trinity Ave. SW  
Atlanta, GA 30335

COPY NOT NEGOTIABLE

088160004

⑈001469⑈ ⑈261170290⑈ 0100012970⑈

The Multiple Sclerosis Center of Georgia

City of Atlanta  
884 - Licenses and Permits

Business License

1/26/2006

1469

9,698.38

Bank of North Ga Operatin 088160004

9,698.38

The Multiple Sclerosis Center of Georgia

City of Atlanta  
884 - Licenses and Permits

Business License

1/26/2006

1469

9,698.38

Bank of North Ga Operatin 088160004

9,698.38

THE MULTIPLE SCLEROSIS CENTER OF GEORGIA, INC.  
CITY OF ATLANTA BUSINESS LICENSE TAX REFUND REQUEST

<u>CHECK NUMBER</u>	<u>TAX TYPE</u>	<u>PERIOD</u>	<u>AMOUNT</u>
5764	BUSINESS	1/1/2008	35947.96
4179	BUSINESS	1/1/2005	5141.08
1469	BUSINESS	1/1/2006	9698.38
4424	BUSINESS	1/1/2007	10948.99
4425	PROFESSIONAL	1/1/2007	400
5232	PROFESSIONAL	1/1/2008	400

(A) Passport - PASSPORT

May 19, 2008, 15:41:00

BLA244

BUSINESS LICENSE INFORMATION SYSTEM  
BILLING  
BILL/ACCOUNT SUMMARY INQUIRY

DATE: 05/19/08

TIME: 15:31:52

LICENSE/TAX NO.: 088160 LGB BUSINESS NAME: MSC OF GEORGIA  
ACCOUNT STATUS: R D START DATE: 2001-02-23 END DATE:  
LOCATION ADDRESS: 3200 DOWNWOOD CI NW  
ATLANTA GA 30327 -

COMPONENT INFORMATION	BILL NO	Bill DATE	BILL DUE DATE	BALANCE DUE 7/8/9
RPT. DATE: 2008-01-01	929925	2008-05-15	2008-06-01	\$35,947.96
FILE DATE: 2008-01-12				
COMP. NO.: 000957604				
COMP. TYPE: REN				
CLASS: 5				
SIC CODE: 7389				
SIC DESC: MISC BUSINESS S				
NO. EMPLS.: 42				
VOLUME: \$13,878,459.00				
4/5				
	REMIT NO	REMIT RELATED TYPE	DATE ENTERED	REMIT AMOUNT 10/11
	548907	PAY	2007-06-01	-\$98.61
	CURRENT ACCOUNT BALANCE = \$35,947.96			

1=HELP 2= 3=PREV SCRIN 4=COMP FRWD 5=COMP BKWD 6=MEMO LOG  
7=BILL FRWD 8=BILL BKWD 9=DSPLY BILL 10=REMT FRWD 11=REMT Bkwd 12=PREV MENU

7006 0810 0004 2745 3566

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ 1.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Registered Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Postmark Here 5/21/08

Sent To City of Atl Office of Revenue  
Street, Apt. No. Attn Sherry M. Johnson  
or PO Box No. 55 Trinity Ave. S.W. Suite 1350  
City, State, ZIP+4 Atlanta, GA 30303



**TRANSMITTAL FORM FOR LEGISLATION**

**TO: MAYOR'S OFFICE**

**ATTN: GREG PRIDGEON**

**Dept.'s Legislative Liaison: LaShawn Gardiner**

**Contact Number: (404) 330-6449**

**Originating Department: Department of Finance**

**Committee(s) of Purview: FINANCE/EXECUTIVE COMMITTEE**

**Chief of Staff Deadline: 5/26/2009**

**Anticipated Committee Meeting Date(s): JUNE 9-10, 2009**

**Anticipated Full Council Date: JUNE 15, 2009**

**Legislative Counsel's Signature: Jack Tilson**

**Commissioner Signature: \_\_\_\_\_**

**Chief Procurement Officer Signature: \_\_\_\_\_**

**CAPTION**

**A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO ISSUE A REFUND TO THE MULTIPLE SCLEROSIS CENTER OF GEORGIA, INC. IN AN AMOUNT NOT TO EXCEED SIXTY ONE THOUSAND EIGHT HUNDRED THIRTY FIVE DOLLARS AND TWO CENTS (\$61,835.02) FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES; ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001(General Fund) 200301 (NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 154000 (Function Activity Human Resources); AND FOR OTHER PURPOSES.**

**FINANCIAL IMPACT (if any):**

**Mayor's Staff Only**

**Received by CPO: \_\_\_\_\_ Received by LC from CPO: \_\_\_\_\_**

**(date) 5/27/09 *AW* (date) *JP***

**Received by Mayor's Office: \_\_\_\_\_ Reviewed by: \_\_\_\_\_**

**Submitted to Council: \_\_\_\_\_**

**(date)**